

**UNITED STATES DISTRICT COURT**

**FOR THE NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION**

**IN RE: BABY FOOD PRODUCTS  
LIABILITY LITIGATION**

Case No. 24-MD-3101-JSC

MDL 3101

This document relates to:

## **INITIAL PLAINTIFF FACT SHEET**

## ALL ACTIONS

“You” refers to the person completing this Plaintiff Fact Sheet.

“Plaintiff” refers to the minor plaintiff bringing suit.

“Plaintiffs’ Parents” refers to the biological parent(s) or adoptive parent(s)/guardian(s) of Plaintiff.

“Guardian ad litem” refers to the court-designated representative of Plaintiff.

“ASD” refers to Autism Spectrum Disorder.

“ADHD” refers to Attention-Deficit Hyperactivity Disorder.

Please provide an answer for each question and do not leave any answer space blank. If you do not know or cannot recall information required to answer a question, please specifically state either “Do not know” or “Cannot recall” in the response. If a question is not applicable to you, please specifically state that it “Does not apply.”

**Case Information**

- 1           **1. Provide the following information for the case Plaintiff, Plaintiff's Parent(s), or**  
 2           **Plaintiff's guardian(s) filed:**

3           Case Name: \_\_\_\_\_ Docket No.: \_\_\_\_\_  
 4           Attorney: \_\_\_\_\_

- 5           **2. Provide the following information relating to Plaintiff:**

6           Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

7           Parents or Guardians: \_\_\_\_\_

8           Current Address: \_\_\_\_\_

9           Previous Addresses (since birth): \_\_\_\_\_

- 10          **3. What is the injury/condition you are claiming**

Injury/Condition	Yes/No	Date of Diagnosis	Name of Diagnosing Healthcare Provider
Autism Spectrum Disorder			
ADHD			
Other _____			

- 17          **4. Identify by brand and type all commercial baby food Plaintiff consumed and**  
 18          **contends caused or contributed to his/her injury. Please add additional rows to the**  
 19          **below chart as needed or, alternatively, you can provide the names of additional**  
 20          **baby food brands on a separately included appendix to this Plaintiff Fact Sheet.**

Baby Food Brand	Baby Food Type/Baby Food Product (e.g., Bananas (jars), Strawberry (pouch), etc.)

**Food Purchasing Records**

5. For commercial baby food that Plaintiff contends caused or contributed to his/her injury, please provide the below-requested information. Please include on-line and in-store locations, and grocery stores as well as stores where any food was purchased that are not traditional grocery stores (such as drugstores, farmers' markets, multi-purpose stores like Target or Costco, as well as delivery services, such as Instacart, Shipt, DoorDash, Grubhub, Uber Eats). Please add additional rows to the below chart as needed or, alternatively, you can provide the names of additional stores/websites on a separately included appendix to this Plaintiff Fact Sheet:

Store/Website Name	Store/Website loyalty account number and associated phone number	Payment method(s) used (credit/debit, cash, check, WIC, etc.)

6. List the names of all credit card, debit card, or WIC/EBT accounts and their associated numbers used at the stores listed in Response to Question 5 to purchase commercial baby food that Plaintiff contends caused or contributed to his/her injury.
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7. Does Plaintiff, or Plaintiff's Parents have any receipts or other records of purchases from any sellers identified in response to Question 5?

YES  NO

8. Does Plaintiff, or Plaintiff's Parents have credit, debit, WIC account, and/or banking statements that show purchases from any sellers identified in response to Question 5 from Plaintiffs' birth to injury diagnosis?

YES  NO

**Photos and Video Records**

9. Does Plaintiff, or Plaintiff's Parents have paper photos of Plaintiff from birth to present?

3        YES        NO

5        10. Do You, Plaintiff, or Plaintiff's Parents have videos of Plaintiff from birth to present stored on any physical storage device (such as a smartphone, camera, DVD or external drive)?

7        YES        NO

9        11. Please identify all digital, electronic, web-based, or cloud-based accounts used to store photos and videos of Plaintiff from birth to present:

10      \_\_\_\_\_  
 11      \_\_\_\_\_  
 12      \_\_\_\_\_  
 13      \_\_\_\_\_

**Medical Records Information**

14      12. Please provide the below requested information for all of Plaintiff's healthcare providers from Plaintiff's gestation through present. These providers include Plaintiff's parent's OB/GYN and/or midwife, any pediatricians, dentists, or other medical providers for Plaintiff, any hospitals and/or clinics, and any individuals or groups who have evaluated or provided treatment related to Plaintiff's physical, developmental, psychological, behavioral and/or emotional well-being. Please add additional rows to the below chart as needed or, alternatively, you can provide the names of additional providers/institutions on a separately included appendix to this Plaintiff Fact Sheet.

Provider/Institution	Business Address	Approximate Dates of Treatment

1           **13. Does Plaintiff, or Plaintiff's Parents have any medical records or other documents  
2           that document the care provided to Plaintiff by any person or entity identified in  
3           response to Question 12?**

4           \_\_\_\_ YES       \_\_\_\_ NO

5           **14. Has Plaintiff undergone testing for presence of or exposure to any heavy metal?**

6           \_\_\_\_ YES       \_\_\_\_ NO

7           **If yes, please identify:**

8           a. The name, location, and date of the testing:  
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11           **15. Has Plaintiff participated in an investigative or other research trial relating to ASD  
12           or ADHD?**

13           \_\_\_\_ YES       \_\_\_\_ NO

14           **If yes, please identify:**

15           a. The name, location, and date of the research trial:  
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18           **16. Has Plaintiff, Plaintiff's Parent, or biological sibling of Plaintiff undergone genetic  
19           testing?**

20           \_\_\_\_ YES       \_\_\_\_ NO

21           **If yes, please identify:**

22           a. The name, location, and date of the testing:  
23           

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1                   Educational Records

2                   **17. Please provide the below requested information for all daycare facilities, preschools,**  
3                   **schools, or other educational service providers for Plaintiff from birth to present.**  
4                   **This includes any educational services provided as part of the assessment and/or**  
5                   **treatment of Plaintiff's ASD and/or ADHD, including speech, occupational and/or**  
6                   **behavioral therapy.**

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8                   Please add additional rows to the below chart as needed or, alternatively, you can  
9                   provide the names of additional institutions/service providers on a separately  
10                  included appendix to this Plaintiff Fact Sheet.

Name and Address of Institution/Service Provider	Approximate Dates of Participation/Attendance

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14                  Signature of Plaintiff : \_\_\_\_\_

15                  Date: \_\_\_\_\_

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